

**State:** Arkansas **Filing Company:** State Farm Mutual Automobile Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** Long Term Care-Invitation, Thank You  
**Project Name/Number:** Long Term Care-Invitation, Thank You/K469A

## Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company  
Product Name: Long Term Care-Invitation, Thank You  
State: Arkansas  
TOI: LTC03I Individual Long Term Care  
Sub-TOI: LTC03I.003 Other  
Filing Type: Advertisement  
Date Submitted: 08/24/2012  
SERFF Tr Num: SFCM-128657168  
SERFF Status: Closed-Approved  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: K469A  
  
Implementation: 09/09/2012  
Date Requested:  
Author(s): Sandy Barnes, Sherry Boitnott, Regina King, Maureen Macak  
Reviewer(s): Donna Lambert (primary)  
Disposition Date: 08/27/2012  
Disposition Status: Approved  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: Long Term Care-Invitation, Thank You

Project Number: K469A

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Regina King

Filing Description:

Re: State Farm Mutual Automobile Insurance Company

Individual Long Term Care

NAIC #176-25178

Individual Long Term Care

Filing #: K469A

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Our State of Domicile, IL, does not require advertising material for Long Term Care to be filed.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 08/27/2012

State Status Changed: 08/27/2012

Created By: Regina King

Corresponding Filing Tracking Number:

Forms#	Form Name	Replace Approved Tracking#
K469A	Invitation	K469 12/16/2010 STCM-126924440
K474A	Thank You	K474 12/16/2010 STCM-126924440

Enclosed for filing on behalf of the State Farm Mutual Automobile Insurance Company of Bloomington, Illinois are the referenced advertising forms. These forms are being filed for use in your state and contain information regarding Individual Long-Term Care.

Form K469A will be used by licensed State Farm Agents to give a customer a very high level review of Long Term Care insurance as an industry. Again, it is a very high level of why someone may need Long Term Care in general.

Form K474A will be used by licensed State Farm Agent's to give to a customer after reviewing Long Term Care insurance as an industry.

These forms will be used for marketing Long Term Care policy series 97058, 97059 approved September 19, 2006; 97060, 97061 approved November 5, 2008 under SERFF# STFHH-125832827 and 97062 approved March 1, 2012 under SERFF# STFHH-128002426.

We are not required to file Long Term Care marketing pieces in Illinois.

The anticipated effective date of these forms will be September 9, 2012.

Sincerely,

Tammie Mills

**State:** Arkansas **Filing Company:** State Farm Mutual Automobile Insurance Company  
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Analyst-L/H Contracts & Compliance  
1-309-994-0300  
e-mail: tammie.mills.csag@statefarm.com

## Company and Contact

### Filing Contact Information

Regina King, Tech - Contracts & Compliance regina.king.h2ku@statefarm.com  
One State Farm Plaza 309-766-7260 [Phone]  
Bloomington, IL 61710-0001 309-766-8483 [FAX]

### Filing Company Information

State Farm Mutual Automobile Insurance Company CoCode: 25178 State of Domicile: Illinois  
One State Farm Plaza Group Code: 176 Company Type:  
Laura Walters / Marketing D-3 Group Name: State ID Number:  
Bloomington, IL 61710 FEIN Number: 37-0533100  
(309) 763-8104 ext. [Phone]

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: 2 forms X \$50.00 = \$100.00  
Per Company: No

Company	Amount	Date Processed	Transaction #
State Farm Mutual Automobile Insurance Company	\$100.00	08/24/2012	61979000

<b>State:</b>	Arkansas	<b>Filing Company:</b>	State Farm Mutual Automobile Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	08/27/2012	08/27/2012

State:	Arkansas	Filing Company:	State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care-Invitation, Thank You		
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## Disposition

Disposition Date: 08/27/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Invitation	Approved	Yes
Form	Thank You	Approved	Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	State Farm Mutual Automobile Insurance Company
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## Form Schedule

Lead Form Number: K469A							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 08/27/2012	K469A	ADV	Invitation	Revised: Replaced Form #: K469 Previous Filing #: STCM-126924440		K469_A_You'reInvited_HallmarkCard_06_2012.pdf
2	Approved 08/27/2012	K474A	ADV	Thank You	Revised: Replaced Form #: K474 Previous Filing #: STCM-126924440		K474A_ThankYouPostcard_06_2012.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



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THIS CARD IS MADE  
WITH RECYCLED PAPER.  
20% Recycled Fiber

© HALLMARK LICENSING, INC.  
HALLMARK CARDS, INC.  
MADE IN U.S.A.

2HBE 6142  
HGC-20072

• YOU'RE INVITED •

**State Farm Mutual Automobile Insurance Company**  
(State Farm®)

**Please Join Me**

<Date>

<Time>

<Location>

<Location>

**Call <Agent Primary Phone> to reserve your seats.**  
*Additional guests are welcome. Seating is limited.*

**This event is presented by**

<Agent Preferred First Name> <Agent Last Name>

<Agent Address 1>

<Agent Address 2>

<Agent City, State, Zip Code>

<Agent Phone>



**Dear State Farm Customer,**

You are invited to join me at the upcoming event  
Long-Term Care: *What Does the Future Hold for You?*  
There's no charge for your attendance.

At this important event, you'll learn about ways  
to manage the increasing costs of long-term care,  
while protecting your assets at the same time.

No matter what age you are, it's important to  
consider your long-term care options. Don't let the  
high cost of long-term care interfere with your plans  
and dreams.

**I hope to see you there!**

Sincerely,

*<Agent Graphic Signature Here>*

State Farm Agent, Agent

Long-Term Care Insurance policy series 97058, 97059, 97060, 97061, 97062.  
The Long-Term Care Insurance policy has exclusions and limitations.

The purpose of this communication is the solicitation of insurance. Contact will  
be made by an insurance agent / insurance producer or insurance company.

State Farm Mutual Automobile Insurance Company  
Bloomington, IL



*Thank You*



# Thank You.

Dear (Customer First Name),

Thank you for taking time from your busy schedule to attend my recent event *Long-Term Care: What Does the Future Hold for You?* I hope you enjoyed the presentation and took away important insights to help you prepare for a future filled with financial security and quality time with your family.

I would like the opportunity to discuss your long-term care options on an individual basis.

**Please contact me at (xxx) xxx-xxxx so we can schedule a time to talk.**

Sincerely,

Agent  
photo here  
if used

*Agent A. Agent*

Agent Name  
e-mail address here if used

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The Long-Term Care Insurance policy has exclusions and limitations.

The purpose of this communication is the solicitation of insurance.  
Contact will be made by an insurance agent / insurance producer or insurance company.

Printed in U.S.A.  
K474 A

ESM #

State Farm Mutual Automobile Insurance Company  
Bloomington, IL



Agent A. Agent  
123 Anywhere Street  
Anywhere, XY 12345  
616 665 5901 Fax 616 665 1234  
Line five if needed  
Line six if needed

Sample A. Sample  
123 Main Street  
Anytown, US 12345-6789

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